

Section 55: Health Care Coordination Services

Health Care Coordination Services means medical coordination services to manage the health care needs of the individual

55.1 Units of Service

The number of units an individual receives is based on the needs of that individual, but the individual is limited to no more than 4 Units of Health Care Coordination Services per month. **The appropriate level should be determined by a licensed healthcare professional (LPN, RN, or physician)**

- a. 1 Unit = health care needs require at least weekly* consultation/review with RN/LPN including face to face visits once a month
- b. 2 Units = health care needs require at least weekly* consultation/review with RN/LPN including face to face visits at least twice a month
- c. 3 Units = health care needs require at least twice weekly* consultation/review with RN/LPN including face to face visits once a week
- d. 4 Units = health care needs require at least twice weekly* consultation/review with RN/LPN including face to face visits at least twice a week

* weekly – a calendar week (Sunday – Saturday)

55.2 Activities Allowed

Reimbursement is available for Health Care Coordination Services in the following circumstances:

- a. The individual requires assistance in coordinating medical needs beyond what can be provided in routine doctor/health care visits
- b. Health Care Coordination Services are specifically included in the individual's support plan
- c. The RN/LPN provider coordinates health services including, but not limited to
 - 1. Physician consults
 - 2. Medication ordering
 - 3. Development and oversight of a health care support plan
 - 4. Consultations with the individual as described in the support plan
 - 5. Consultations with guardian and or health care representative as applicable
 - 6. Face to face visits with the individual as described in the support plan

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55.3 Activities Not Allowed

Reimbursement for Health Care Coordination Services is not available under the following circumstances:

- a. The individual does not require Health Care Coordination Services
- b. The individual is receiving Skilled Nursing services through the Medicaid State Plan
- c. Skilled nursing services that are available under the Medicaid State Plan must be paid through the Medicaid State Plan
- d. Services that are not specified in the Individualized Support Plan
- e. Case management services provided under a 1915 (b), 1915 (c) or a 1915 (g) case management waiver cannot be billed as Health Care Coordination Services
- f. Residential, vocational, and/or educational services otherwise provided under other Supported Living services cannot be billed as Health Care Coordination Services

55.4 Service Standards

Health Care Coordination Services must be documented in agency files, including:

- a. Weekly consultations/reviews
- b. Face to face visits with the individual
- c. Other activities, as appropriate
- d. Services must address needs identified in the person centered planning process and be outlined in the Individualized Support Plan
- e. **The provider of health care coordination will provide a written report to pertinent parties at least quarterly.** “Pertinent parties” includes the individual, guardian, BDDS service coordinator, waiver case manager, all service providers, and other entities

55.5 Provider Qualifications

To be approved to provide Health Care Coordination Services an applicant shall:

- a. Be either a registered nurse (RN) or a licensed practical nurse (LPN) under IC 25-23-1
- b. Certify that the entity, if approved, will provide Health Care Coordination Services by using:
 - 1. Only persons who meet the qualifications set out
 - 2. 460 IAC 6-5-14

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55.6 Documentation

Health Care Coordination Services documentation Standards must include:

- a. Current RN or LPN license for each nurse
- b. Need for HCC identified in the Individualized Support Plan
- c. Evidence of a consultation including complete date, time and signature. Consultation may be with other staff, individual, other professionals, as well as health care professionals.
- d. Evidence of a face-to-face visit with the member, including complete date and signature
- e. Documentation in compliance with 460 IAC 6